

THE MEDICAL AND SURGICAL REPORTER.

No. 496.]

PHILADELPHIA, SEPTEMBER 1, 1866. [Vol. XV.—No. 9.

ORIGINAL DEPARTMENT.

Communications.

PLACENTA PRÆVIA.

By E. A. WOOD, M. D.,

Of McKeesport, Pa.

Mrs. H., æt. 35; in ninth month of third pregnancy. Constitution good, former labors natural, and no unusual symptom during present gestation, until May 21st, when I was sent for to arrest a bleeding from the vulva. On examination, the hæmorrhage was found to proceed from the uterus, but no revelation of the cause. I suspected it to arise from implantation of the placenta at or near the os uteri.

She was put to bed, and perfect rest enjoined, not permitting her to rise for any purpose whatever. Pulse 98. Gave her one-sixth grain of morphia every hour until bleeding ceases. Also prescribed acidulated drinks and light diet.

May 22d. Hæmorrhage has ceased, pulse natural. Kept her in bed. Three days afterward, the case progressed so well that she was allowed to move about in her room, but further exercise was positively forbidden.

May 30th. Bleeding returned, but in a moderate degree, and was speedily restrained by the foregoing treatment. I now apprised her husband of what I believed to be the cause of the bleeding, and charged him to send for me immediately on the approach of labor.

June 4th. Was summoned, and found that Mrs. H. had been already two hours in labor. The pains were now frequent and severe. She had lost considerable blood, and was now bleeding profusely with every pain.

The os was soft, and dilated enough to admit the ends of three fingers. The soft spongy texture of the placenta was felt, apparently occupying fairly by its centre the os internum. Applied the tampon, gave one sixth-grain doses of morphia, and one dose of vinum ergota. Did not rupture the membranes, because first, the placenta would have to be partially detached be-

fore they could be reached; second, I resolved to bring down the feet, and did not want the membranes broken until dilatation was complete; and third, as rupturing the membranes is generally for the purpose of increasing the force of the pains, it was unnecessary in this case, for the contractions were already severe and regular.

After waiting an hour and a half, during which there was no evidence of hæmorrhage, I removed the tampon, which was followed by a small quantity of blood. The os was now found to be dilatable, and the time for prompt action had come. Not being able to determine the presentation, I presumed the one which is known to be the most frequent, and introduced the left hand into the vagina. I now ascertained that the placenta was still firmly adherent on the right side, but was detached on the left, and as I believed it was better to pass the hand that would detach the least placenta, I removed the left and introduced the right hand.

This change of hands was awkward all around; it was awkward to introduce unnecessarily the left hand, and it was now awkward to employ the right hand to bring down the feet—the child being in the first position. During this delay, too, she bled very profusely. The feet were now brought down, and a full dose of ergot given. In a few moments, the head was born, immediately followed by the after-birth.

The child was dead, and had the appearance of having perished from loss of blood, rather than by asphyxia. It was pale, muscles flabby, and the vessels of the cord appeared to be empty. Certainly, had it died from want of oxygenation of blood, the vessels should have retained their fulness. Neither would it in so short time have exhibited the bleached ex-sanguine appearance so characteristic of bodies after fatal hæmorrhage. Again, the mother assured me that she felt the movements of the child at the moment I concluded the removal of the tampon, and as the placental surface on the right was still firmly attached when I performed the pedalic version, and as the remaining stage of labor was so quickly concluded, it seems unquestionable that the child perished from loss of blood *via* the placental surface.

The bandage was put on, stimulants freely given, and the woman soon rallied. The debility and anemia persisted for several weeks. She was troubled for more than a year with procidentia uteri, but at present enjoys good health.

In a case like the foregoing, Prof. SIMPSON, of Edinburgh, advises complete separation of the placenta, by which the hæmorrhage will be promptly arrested. If this be true, then turning would be unnecessary and wrong. After separation of the placenta, version by the feet would scarcely or never save the child's life; and as the mother is comparatively safe when the hæmorrhage is arrested, then delivery by the vertex would be the most natural, it would be the easiest, and should be waited for.

But I would hesitate to detach the placenta in such a case. It is almost certain to destroy the child, and it appears to me a question *sub judice*, whether it is a security against hæmorrhage. By allowing the placenta to wholly or partially retain its uterine relation, you give the child a chance for its life, and I do not think you increase the mother's danger.

Chloride of Sodium in the Treatment of Wounds.

The *New Orleans Medical and Surgical Journal* quotes, from the *Union Médicale*, Dr. DERVANDRE's views regarding the beneficial effects of chloride of sodium in the treatment of wounds. It causes fetidity to disappear at once, when applied. Another immediate phenomenon is the pinkish hue it gives the decomposed sanguineous blackish liquid which covers the wound. At the same time there is experienced a sensation of cold and of pricking in the wound, which may even become slightly painful. The suppuration diminishes rapidly in quantity, and, if sanious, it becomes healthy in a few days. The wound granulates and cicatrizes rapidly. The change evidenced in wounds by the chloride of sodium has a happy effect on the system; the appetite improves, and the patients acquire strength. Dr. D. reports 400 cases thus treated. In one case only was there pyæmia. There was neither erysipelas, nor tetanus, nor hospital gangrene, present in any of these cases, though the hygienic conditions of the hospital were bad. Dr. D. commences with a solution of about a drachm to a pint of water, increasing it in strength to saturation. The solutions are injected in fistulous tracts, or on the surface, according to the nature of the wound.

— A CASE OF MENSTRUATION AND ABORTION at seventy-two years of age is mentioned by the *Bulletin de la Soc. Med. d'Angers*. In March, 1863, twenty-four years after the last previous catamenia, she menstruated for three days; the same happened on the 2d of April and 4th of May. In June and July the catamenia appeared again. She lost a two months' fetus in October.

VESICO-VAGINAL FISTULA:

Its History and Treatment.

By D. HAYES AGNEW, M. D.,

Demonstrator of Anatomy and Assistant Lecturer on Clinical Surgery in the University of Pennsylvania; one of the Surgeons of the Pennsylvania Hospital; and one of the Surgeons of the Wills Hospital for Diseases of the Eye.

(Continued from page 156.)

Dr Sims' Later Operation.

To the clamp there are objections, and these were soon discovered by Dr. SIMS, and the operation so modified as to add greatly to its simplicity and perfection. The modifications consist in the introduction of the metallic threads without those of the silk, and dispensing entirely with the clamps, adjusting the wound and securing the wires by twisting alone, which he accomplishes by drawing, with a pair of forceps, the ends of the wire through the slit at the end of his adjuster, (Fig. 20,) and then, while thus firmly held, the forceps, by a rotary movement, twirls the wires about each other, so as to make them secure.

Fig. 20.



Sims' method of coaptating and securing wires by an adjuster and forceps.

Operation of Dr. Nathan Bozeman,
Formerly of Alabama.

The name of Dr. BOZEMAN is well known, both in this country and abroad, in connection with vesico-vaginal fistula. Several papers from his pen have appeared on the subject, all proving unusual dexterity and success as an operator. The chief novelty in his method is what he terms the button suture, (Fig. 21,) com-

FIG. 21.



BOZEMAN'S lead button.

posed of a piece of thin lead cut to fit the opening, and having in it small holes answering to the number of wire sutures employed; also leaden crotchets to secure the button. The patient is placed in the position recommended by SIMS; a duck-bill BOZEMAN speculum introduced; and while the parts are controlled by a long tenaculum or forceps, the edges are pared by straight and curved bistouries; sometimes using the curved scissors. See Figs 22, 23, 24, 25, 26. This

done, the requisite number of silk threads are introduced with short, straight, spear-pointed needles, from half an inch to one inch in length, grasped in the jaws of a needle holder. (Fig. 27.) The needle is entered some distance from the freshened border, and carried obliquely through, first the proximal side of the fistula, penetrating as deep as the vesical mucous membrane, and then, after being adjusted to the needle-holder, through the distal side, being drawn through with a pair of long forceps, counter-pressure being made with a blunt hook, similar to SIMS' instrument. The threads being all passed, each one is securely fastened by its lower end to a silver wire, and as the one is drawn out, the other

FIG. 27.



FIG. 22. FIG. 23. FIG. 24. FIG. 25.

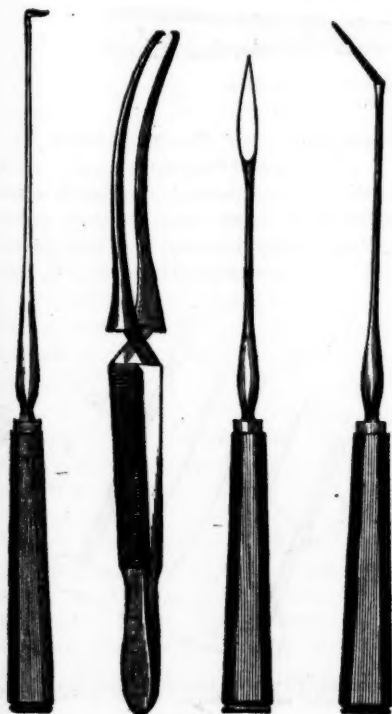
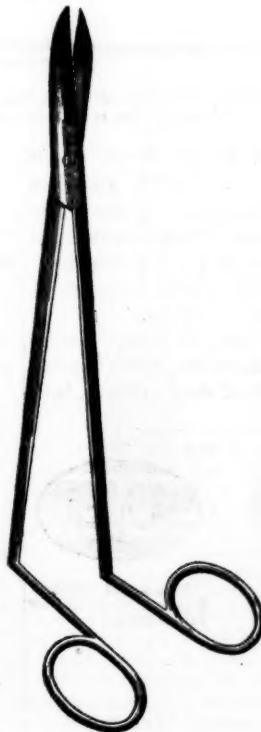


FIG. 26.



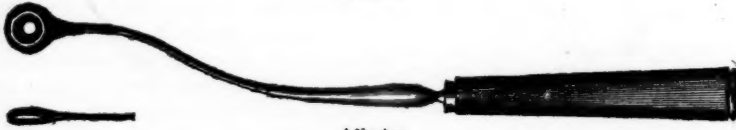
BOZEMAN'S needle holder—a long stem, with two claws at its extremity, with a canula to slide up and down, closing and opening the jaws. Also examples of the BOZEMAN needle.

takes its place, a fork being used, as in Sims' method, to guide the sutures and support the soft parts.

The next step consists in passing both ends of each suture through an instrument called an adjuster, (Fig. 28,) and drawing on the wire, as it is run down, the wound is brought to-

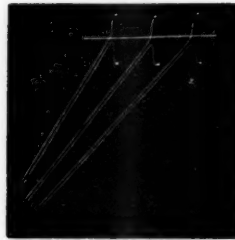
on wires and button. The operation is finished by cutting off the wires a short distance above the crotchets, and turning an end down on either side. (Fig. 32.) The patient is placed in bed, on her back, the catheter introduced, the bowels kept closed by opium, and an unirritating diet allowed.

FIG. 28.



Adjuster.

FIG. 29.



The sutures after being passed through the adjuster.

FIG. 30.



BOZEMAN'S instrument, having an angular and concave extremity, to model the button to the surface of the vesico-vaginal septum.

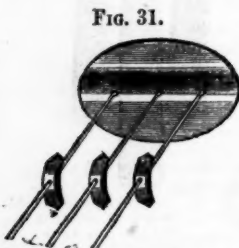
gether and a set given to the thread, which contributes to so maintain it. (Fig. 29.) The wires are next passed through the perforations in the lead button, and the latter pressed down upon the line of approximation, and made to conform to the surface against which it rests by means of an instrument represented in Fig. 30.

To secure the button firmly in place, pieces of lead or crotchets are run down the wires (Fig. 31) and compressed, by a pair of strong forceps, both

Operation of Dr. J. Hunter McGuire, Formerly of Philadelphia.

The patient being placed in the position recommended by Sims, the edges are to be pared with a long-handled bistoury, and brought together with the instrument delineated in (Fig. 33.)

FIG. 31.

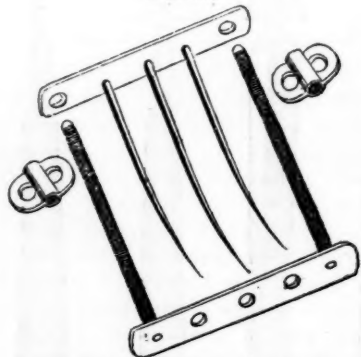


Exhibits the crotchets being passed down the wires.

FIG. 32.



Button and crotchets adjusted, wires cut and turned down.



Representing McGuire's instrument for vesico-vaginal fistula.

This consists of a plate of silver, having a hole near each extremity, and three needles, slightly curved; soldered to its front surface a second silver plate, of the same size and shape as the first, having fastened to each end a thread-screw, and three holes corresponding in position to the three needles on the other plate, and lastly, two female screws.

Application. With a strong pair of forceps the plate supporting the needles is grasped, their points passed through the posterior lip of the fistula, and brought out through the anterior one. Through the perforations at either end of this plate are next passed the thread-screws of the other plate, and through its perforations the extremities of the needles. The female screws are next run down the thread, forcing the clamp together, until the edges are in close contact.

Operation of Dr. J. Y. Simpson,

Of Edinburgh.

The operation of this distinguished Scotchman, certainly one of the representative medical men of the age, differs chiefly in substituting, for the BOZEMAN button, a wire splint, prepared as follows: He takes ten or fifteen strands of metallic thread, and twists them into a cord, the ends of which are then doubled over each other, and plaited round into the form of a circle, which may, being very flexible, be pressed into any figure desired. With an awl, or any sharp-pointed instrument, the required number of holes may be made, by passing it through among the wires. These perforations are for the iron thread sutures. For the introduction of the sutures, Dr. SIMPSON uses an ingenious needle (Fig. 34), together with a crotchet (Fig. 35), and a hook (Fig. 36.)

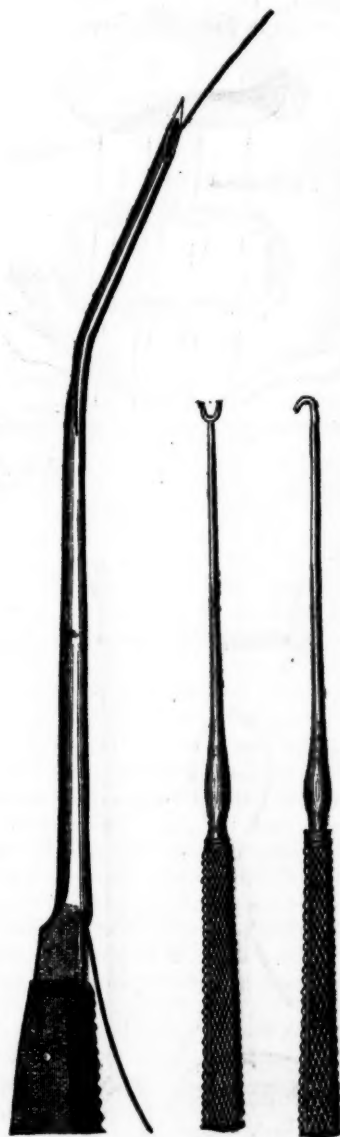
The needle consists of a hollow tube, with a needle point, one opening being near the end, and the other near where the handle and shank join.

The mode of using is readily understood. The wire thread being pushed within a short distance of the upper orifice, the needle is carried through both sides of the fistula, after which, the thread is thrust forward. As soon as it appears, it is to be seized with a pair of forceps, and held while the needle is being withdrawn, thus leaving the suture in situ. By a repetition of this process the requisite number are introduced. He prefers the iron wire, as more easily managed than silver. His sutures are next passed through the

FIG. 34.

FIG. 35.

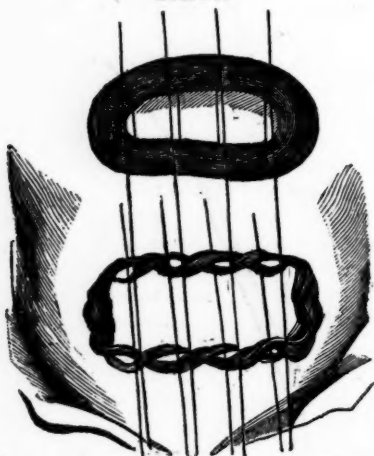
FIG. 36.



Dr. SIMPSON'S needle, with a wire inserted.
SIMPSON'S crotchet and hook.

openings in the wire splint (Fig. 37), the latter being pressed down over the line of apposition, and the wires secured by twisting with his wire

FIG. 37.



SIMPSON'S wire splint, the threads being carried through the opening in it.

twister (Fig. 38), constructed on a plan which was suggested by Dr. COGHILL.

FIG. 39.

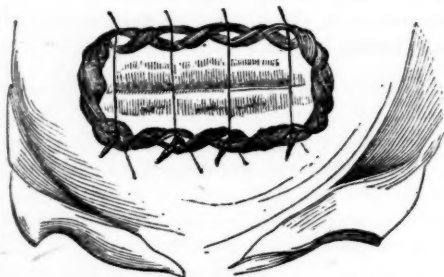
FIG. 38.



SIMPSON'S wire twister.
The same, with the wire in, and partly twisted.

The ends of the metallic threads are next clipped off close to the splint (Fig. 40), and the after-treatment conducted on the same principle as that of other operators.

FIG. 40.



SIMPSON'S splint adjusted, wires secured across the lower bar.

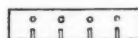
Operation of Dr. Isaac Baker Brown.

For paring the fistula he uses straight and angular knives; for the passage of the metallic sutures, SIMPSON'S needle; and for securing the threads, little crotchets or clamps of lead, run down, and compressed with a strong pair of forceps. His operation dates 1860.

Operation of Dr. Robert Battey.

The peculiarity of Dr. BATTEY'S method consists in a metallic (lead) button (Fig. 41), having

FIG. 41.



BATTEY'S button.

a series of holes on one border, and on the other a corresponding number of slits. The upper ends of the wire after being inserted are passed through the holes, the other ends forced into the slits, and both fastened by twisting them about each other. He claims for it a water-tight adjustment.

Operation of Collis, Of Dublin.

This method, described in 1862, consists in splitting the vesico-vaginal septum along the entire circumference of the fistula; turning the vesical side toward the bladder, and the vaginal side toward the vagina; the sutures he employs are silk, and introduced as double threads, with LISTON'S needles secured on long handles. When the threads are all inserted, there will be a row of loops on one (the upper) side, and two free ends on the other side of the fistula. A vulcanized quill is next passed through the loops above, and a second placed along the lower border of the opening, and the approximation effected by tying the free ends of the threads firmly around it; it is a quilled suture.

Operation of Dr. Alfred Meadows,

Physician-Accoucheur to the General Lying-in Hospital, London.

The novelty of this method consists in allowing the patient, after the parts are pared, and closed with silver threads, to rise and go about as usual, dispensing altogether with the catheter. He publishes two cases, which it is alleged were treated successfully in this way. I should not feel disposed to subject a patient to such a treatment without some further accumulation of data.

[To be continued.]

SPOTTED FEVER.

A paper read before the Otsego co., N. Y., Medical Society, at its annual meeting at Cooperstown, July 17th, 1866.

By T. B. SMITH, M. D.,

Of Cooperstown, N. Y.

Anticipating that the members of the Society residing in this locality would be inquired of at this meeting in relation to the disease which prevailed in this village and its immediate vicinity during the past spring months, known as Spotted Fever, or Cerebro-spinal Meningitis, I have drawn up a few remarks upon the subject, so far as relates to the cases which came under my own observation. * * *

This disease is comparatively new in this country, and, in fact, it may be said in the annals of disease; and this its first appearance in an epidemic form in this section, but probably not its last. I think we may look for other invasions of it, and in other localities within the limits of this Association. And as a large proportion of its members have had no experience in it, probably never witnessed a case of it, I regard it as an imperative duty in those who have, to contribute what they may to a knowledge of this dread malady, which seems to be an anomaly among diseases, observing few of the rules, either in its inception or course, which ordinarily govern other diseases. * * *

There seems to be no uniformity in the premonitions of this disease, no strictly reliable diagnostic signs, no symptoms which can be regarded as unmistakably pathognomonic. And I think it may be confidently affirmed that no other known disease presents so wide a range of symptoms, and those so widely variant in character.

The premonitory symptoms are often mild and very indefinite. There may be no marked pain or violent disturbance of any kind, the disease stealing on insidiously preparatory to the final attack. The patient experiences a feeling of slight indisposition, followed perhaps with moderately increased heat of the surface and slightly

accelerated pulse, with a strange undefined feeling in the head, sometimes with vertigo. Erratic pains of a neuralgic character in various parts of the body, perhaps in one shoulder, extending down the arm, pain in the side, in the hip or knee joints, moderate pain along the spine, generally most marked in the cervical portion, with some stiffness of the muscles of that region. And a feeling of general lameness and soreness is almost always present, any motion of the body or limbs causing him to complain, and he is generally very sensitive, even to the touch.

Irritability of the stomach is generally one of the earliest symptoms, and soreness of the throat, in a greater or less degree, is a frequent occurrence, presenting sometimes a diphtheritic appearance, but quickly disappearing as other symptoms arise in the course of the disease.

There is another class of cases, intermediate between these comparatively mild attacks and those of the most violent character, in which the early manifestations of the disease are more sudden, and of a much more serious nature, the attack coming on with a stupor, more or less profound, with nausea and vomiting, occasional sighing and moaning, with irregular respiration, particularly in children, a languid expression of the face, and feeble and irregular pulse. Or it may commence with pain in the head, more or less severe, generally in the forehead and through the temples, extending to the vertex, with delirium, a rapid pulse, hot and dry skin, tremors of the hands, and wild and anxious expression of countenance. Or its inception may be marked by symptoms of pneumonia, or by violent pain in the stomach and bowels, with nausea and vomiting, simulating an attack of gastro-enteritis. Again the disease may be ushered in with a violent pain in the back of the neck and head, without delirium or loss of consciousness, with spasmodic twitchings of the muscles of the limbs, and with but very little febrile excitement. But the most formidable symptoms which occur in the outset of this disease, and the cases which generally prove the most rapidly fatal are those in which the patient, without any marked premonitions, suddenly sinks into a state of profound stupor, from which he never fully arouses. Or in which he is at first seized with convulsions or convulsive movements, and with wild delirium, struggling in the most violent manner, requiring forcible restraint to prevent him from injury, with contracted pupils and a rapid pulse. Or he may be suddenly attacked with excruciating pain in one limb or joint, or in the side, quickly followed with the most violent pain in

the head, so intense as to cause him to cry out with agony, without delirium or convulsions.

It is not attempted in the foregoing enumeration of symptoms to give anything like a full and detailed description of the many and ever-varying manifestations which characterize the initiatory stage of this disease—only some of the most prominent and striking are mentioned—nor do I aim to do so in describing those which follow and mark its course.

If its inception be mild and unpronounced, it soon assumes a more threatening and decided character, marked by stupor, followed sooner or later by spasms and delirium, an almost unappeasable restlessness, succeeded by coma and dilated pupils. These symptoms, some one or all of them, are invariably present at some stage of the disease, whatever may have been the character of its accession.

The restlessness which is present in these cases is of a peculiar character, furnishing, I think, one of the most constant and reliable diagnostic symptoms of the disease. I have never witnessed anything very nearly resembling it in any other disease. The patient is in constant motion, rapidly moving his limbs, and if a child, uttering sharp quick cries, as if manifesting some peevishness or temper, or writhing, as if suffering the infliction of some keen and terribly irritative pain.

Tetanic contractions of the muscles of the spine, either permanent or paroxysmal, are generally present, sometimes affecting nearly its whole length, producing opisthotonos, but generally only those of the cervical portion, causing retraction of the head. Delirium is usually present, though not invariably. Paralysis of one or both of the limbs on one side is a frequent occurrence, and more or less deafness and imperfect vision are frequent attendants, with an injected appearance of the conjunctiva. The pulse in the early stage is usually quick, seldom full, but in the course of the disease frequently becoming unnaturally slow, and running up again to an almost inappreciable number. The skin in the commencement is generally dry, and often hot, but later in the case is bathed in perspiration. Irritability of the stomach is usually present throughout the whole course of the disease. The tongue seldom varies very much from the normal appearance. Bowels generally torpid, often obstinately constipated.

The spots, from which the disease derives one of its designations, are not always present, but are absent in a good proportion of cases. They are of different sizes and colors, varying from a

bright red to a dark-purple, and in size from a pin's head to a half-dollar, some round, and others very irregular in shape. Sometimes they are papular in form, and an hepatic eruption sometimes occurs upon the lips and face, extending to the ears.

The duration of the disease, as it occurred here, was from a few hours to ninety days. The most of the cases, however, proved fatal within four days. One case ran three months and over, and another two, before terminating fatally. As exemplifying the above, and as showing the treatment pursued, I subjoin a few cases.

Case 1st. The first case of the disease which I saw, was on the 4th of March. It occurred, however, in the town of Westford, in this county, and I saw it in consultation with Drs. DRAKE and BISHOP. The patient, an unmarried lady, thirty-nine years of age, had complained of feeling somewhat unwell two days previously, with some lameness and soreness of the limbs, pain in one shoulder, slight chilliness, and a sore throat. On the evening of that day she put her feet into warm water, and took warm herb-tea on going to bed. The next day, she feeling no better, Dr. DRAKE was called in, who gave her a cathartic, and ordered her to be got into a perspiration in the evening. Just at night-fall, she lay down and soon fell into a sleep. Some one of the family, going into her room shortly after, found, on speaking to her, that she could not be aroused, being in a profound stupor. She remained in this condition until about twelve o'clock that night, when reaction began to come on, the stupor to wear off, and consciousness to return, though at times she was slightly delirious. Drs. DRAKE and BISHOP, who were sent for in the evening, at the time the stupor came on, gave her stimulants and applied a blister to the back of the neck, and as the first cathartic had not operated, they gave the second, of calomel and rhubarb, ten grains each. The stimulants had been continued up to the time when I first saw her, which was at about 12, M., on the third day from the attack. She then complained of a violent pain in one shoulder, and the arm of that side was paralyzed, had no marked pain in the head, but said that it felt strangely. The pupils were contracted, and the pulse 130. Skin hot, though moist, and she was becoming restless. We gave quinine and camphor, alternated with morphia and carbonate of ammonia. The restlessness continued with increased violence throughout that afternoon and the following night, the pulse running up to 150 per minute. The bowels not having been moved, we repeated

the calomel and rhubarb. On the next morning she became comatose, and remained so during the next twenty-four hours, the pulse going down to 6', and the pupils being widely dilated, with conjunctiva very red and congested. Mustard was applied along the spine and to the calves of the legs. Several large enemata were given, but without effect. Her bowels were not moved at all during the disease. In this stage of the case she seemed to lie in a deep, undisturbed sleep, insensible to noise or touch, without moving a muscle, and bathed in perspiration, so profuse as to completely saturate the bed-clothes about her. She died on the morning of the 6th, five days from the attack.

Large irregular-shaped spots of a dark purple color, were discovered on her lower limbs after death.

Case 2d. An unmarried lady of this village, aged twenty-four years. I was called to see her on the 9th of March. On the morning of that day, feeling as well as usual, she bathed herself in warm water, and went out about the village, and while out, was taken with severe pain in the head, and nausea, but as she was subject to violent attacks of sick headache, it excited no alarm. But continuing to grow worse, I was sent for about three o'clock in the afternoon, and found her suffering with violent pain in the head and back of the neck. I gave her twelve grains of calomel, with an eighth of a grain of morphia. Ordered her feet to be put into warm mustard-water, and a strong mustard-plaster applied to the back of the neck and between the shoulders. In the evening she seemed easier, and slept some during the fore-part of the night. At about three o'clock in the morning she was taken with the most excruciating pain in one shoulder, extending down the arm and to the ends of the fingers. I was again sent for, and while proceeding to the house, heard her screams some time before reaching it. Found her pulse but very little excited, and skin moist. Gave morphia and camphor, with warm drinks, ordered mustard to the back of the shoulder, and the arm bathed with spirits of camphor and enveloped in warm flannel. She soon got relief, and remained nearly free from pain until about eleven o'clock in the forenoon of that day, when she was suddenly seized with the most violent spasms, plunging, and screaming, and tearing her hair in the most fearful manner, requiring several persons to keep her upon the bed, with pupils widely dilated, and a wild and frightened expression of countenance, similar to that which is present in delirium tremens. These parox-

ysms sometimes seemed to partake of an hysterical character, attended with alternate laughing and crying. As her bowels had not been freely moved, the calomel and morphia was repeated, which operated freely that afternoon. A blistering lotion was applied to the back of the neck and along the spine. These violent manifestations gradually subsided, and were succeeded by a state of stupor, with at times loud moaning and irregular respiration. She seemed perfectly unconscious, though sensitive to sounds and touch, with head retracted, and occasionally spasmodic twitchings of the muscles of the limbs. She was unable to swallow after the stupor came on, and remained in this state until she died, which was on the third day from the attack. No spots occurred in this case.

Case 3d. A married lady, aged 40 years. I was called to see her on the morning of the 17th of March; she remarked to me that she was not sick, but that she felt very weak, so much so, that on arising from bed that morning, she had fainted and fallen upon the floor, thought she had been slightly feverish during the night, and did not rest well; experienced no pain or nausea, but thought her stomach somewhat disordered, and that she had taken a slight cold. Pulse 80, and feeble. I gave her a calomel cathartic, with DOVER's powder, and ordered her a warm sling. In the afternoon, the cathartic having acted well, she expressed herself as feeling better. Early in the evening, she having fallen into a sleep, it was found, after remaining in it a short time, that she could not be aroused to consciousness, and this stupor soon deepened into a profound coma, almost apoplectic in character. The blistering lotion was applied to the back of the neck, and between the shoulders, with cold applications to the head, and mustard to the calves of the legs, and inside of ankles. She continued in this state, with occasionally slight remissions, for thirty-six hours. At intervals she seemed partially conscious, and could swallow. At such times she was given brandy, and aromatic spirits of ammonia. Large spots of a dark purple color were observed upon her lower limbs. The pupils were dilated, and the pulse, during her last hours, was 180. She died on the morning of the 19th.

Case 4th. I was called on the evening of the 17th of March to see a girl 10 years old, who, on the afternoon of that day, was taken with a chill, severe pains in the bowels, attended with nausea, and vomiting, and with some pain in the head and back. Gave her a calomel purge, with DOVER's powder, had her feet put into warm water, and a mustard plaster applied to the back

of her neck, and directed warm drinks to be given. She passed the night without much suffering, and felt better in the morning; the pain in the bowels had ceased, though she still had some pain in the head. Her bowels had been freely moved. At about 11 o'clock on the forenoon of that day she was taken with violent pain in the head, so severe at times as to cause her to scream out. It was of a remittent or paroxysmal character. I gave quinia and morphia, and blistered the back of her neck. These paroxysms continued in a greater or less degree throughout the case. The stomach becoming so irritable that nothing could be retained upon it, the medicines, quinia and laudanum, were given in enemas of beef tea.

The pupils were contracted, and pulse quick and feeble; the pupils later in the case becoming dilated. She died on the 19th.

In this case there was no delirium, or unconsciousness, until within a short time before death. Spots of a bright-red color, and of various sizes, appeared thickly upon the body.

Case 5th. A little boy two years old. I was called to see him March 19th. He had been as well as usual up to that time, with the exception of a slight diarrhoea. On the afternoon of that day he had fallen into a sleep, from which it was a little difficult to awaken him: when awake, he would put his hand up to his head and cry out. I gave him rhubarb and magnesia, with a few grains of calomel; had his feet put into warm water, and a mustard plaster to the back of the neck. In the evening he began to be restless, and I left small powders of Dover's powder, and camphor, to be given—one every two hours. On the following day there was not much change in the case, except that the restlessness had increased; the pulse was not quick, nor the skin hot. I gave a solution of chloride of potash, with the tincture of the sesqui-chloride of iron, with morphia, and ordered wine whey and beef tea given. The restlessness, which was present in this case, was the most marked feature throughout its whole course. The patient was in constant motion, drawing up his legs and throwing out his arms, with head drawn back. Anodynes, and even the inhalations of chloroform, seemed to exercise but very little influence over it; the warm bath was used with the most favorable effect. There was no delirium, or unconsciousness, until late in the case. He lived six days after the attack, and died seemingly worn-out with the irritation. Numerous dark-red spots were observed upon his body and arms after death.

Case 6th. A boy ten years old. I was called to see him on the evening of the 19th of March.

He was taken with violent pain in the side and hip. Gave calomel and Dover's powder; had his feet put into warm water, and ordered warm drinks. In a short time he became easy, and slept some. During the night a violent pain in the head and back of the neck came on, extending down the spinal column, with delirium and spasmodic contractions of the muscles of the back, drawing back the head, and bending the spine upon itself like a tightly drawn bow. Pulse feeble, and skin moist. Gave opium, quinia, and tincture of iron, with alcoholic stimulants freely. The spasms gradually wore off, and were succeeded by stupor, with occasional intervals of consciousness. He died on the third day after the attack. There were no spots in this case.

Case 7th. A lad fourteen years of age. Was called to see him March 20th. He had not been well for several days previously. Found him in a stupor, and with considerable dulness of comprehension when aroused; skin hot and dry, and with some pain in the head; pulse 120. He had been given a cathartic, and had mustard applied to the back of the neck. I gave small powders of calomel and carbonate of ammonia, one every two hours; continued the counter-irritants to the back of the neck and between the shoulders, and had the feet put into warm mustard water. At about 4 o'clock on the following morning he was seized with spasms of the back of the neck and the whole length of the spine, producing violent opisthotonos, so severe as to cause him to cry out with the pain. These spasms were paroxysmal, and attended with considerable delirium. Gave opium and camphor; a grain each every two hours. The paroxysms continuing, I gave twenty drops of chloroform in mucilage, and their violence soon abated, though slight indications of their returning continued at intervals for twenty-four hours. The chloroform in diminished doses was continued, once in three or four hours, during that time. And as the stomach was very irritable, quinia was given in enemas of beef tea, and continued for several days. The stomach becoming less irritable, aromatic spirits of ammonia and wine whey were given by the mouth. He continued to improve, and in twelve days from the attack was able to be about the house, and ultimately recovered entirely.

Case 8th. I was called March 28th, to see a girl five years old; found her with symptoms of pneumonia, and treated the case as such for two days; at the end of which time she seemed better,—upon the point of getting well; but upon the third day was taken with a violent pain in the head and back of the neck. I gave calomel

and Dover's powder, and applied the blistering lotion to the back of the neck. The pain in the head was in paroxysms, between which she lay in a stupor. The head was drawn back, and one arm paralyzed. She remained in this state until she died. In the course of this case I gave aromatic spirits of ammonia, and a solution of chlorate of potash, with tincture of iron; and quinia and laudanum was given in enemata of beef tea. She lived one week after the attack. In this case there was a bright-red papular eruption over nearly the whole surface, with an herpetic eruption about the mouth and upon the chin.

Case 9th. A boy six years old; was called to see him on the evening of the 7th of May. He had been unusually active through the day, played hard, and complained of feeling very tired when night came. In the evening he was taken with pain in the head and bowels, and vomited. When I was called in, the skin was hot and dry, and pulse quick. I gave calomel and Dover's powder, had the feet put into warm water, and a strong mustard plaster applied to the back of the neck. He slept some during the night, and seemed better in the morning. The cathartic had operated. Gave chlorate of potash, with tincture of iron. At about 10 o'clock in the forenoon of that day a stupor came on, which continued till evening, when it was succeeded by restlessness and delirium, with spasms of the limbs, and the head permanently drawn back. I gave opium and carbonate of ammonia by the mouth; and as the stomach was irritable, gave quinia in enemata of beef tea. The restlessness increasing, I gave chloroform in cream, but without much relief. Had him put into a warm bath, which partially allayed it, but still this terrible restlessness did not cease until within a short time before his death. He lived three days after the attack. There was a red papular eruption upon the body and arms, and an herpetic eruption upon the face.

It may be thought that the treatment pursued in these cases was not very rational or systematic; but it should be borne in mind that there is no well-defined plan of treatment in this disease; in fact medicines seemed to exercise but very little control over it.

I can add nothing as to the pathology of the disease. There were no opportunities offered here for making post-mortem examinations, but the symptoms all pointed to the conclusion that the seat was in the meninges of the base of the brain and spinal cord, and it is said that in these membranes are nearly the only lesions found which occur in this disease.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE,
April 28th, 1866.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Anal Fistule in Tuberculous Patient.

Jas. M. Nine months ago, he first became affected with pain in the anal region upon walking and going up stairs. He does not now suffer much pain in having a passage from the bowels, but he did at first. An examination showed a complete anal fistule. The man is also laboring under tuberculosis of the lungs.

Under these circumstances it is not advisable to interfere with the fistule, which may be looked upon in the light of a counter-irritant. The probability is, if an operation were performed and the fistule cured, that the disease in the lungs would increase with the removal of this source of irritation, that is, there would be a greater amount of tubercular deposit, or a more rapid softening of the tubercles which already exist in the lungs. A seton might with propriety, in this instance, be introduced, which, in the course of six or eight weeks, would cut its way out, and in this way afford relief.

Very frequently the disease is met with in persons of sound constitutions, those who are otherwise in perfect health. It is always preceded by an abscess, either of a strumous or phlegmonous character. The tubercular abscess is the result of a deposit of tubercular matter in the rectum, just above the sphincter muscle, in one of the mucous follicles situated there. During the progress of the disease, this deposit takes on softening, and in this way an ulcer is formed, which becomes the recipient of fecal matter. The irritation thus set up is propagated to the cellular tissue around the bowel, between it and the skin. This irritation is followed by inflammation, accompanied by a deposit of plasma or lymph, which is converted into pus, and in this way the abscess is formed. An abscess which occurs in a person of such a constitution, is chronic in its course, as all tuberculous collections are. Weeks, and sometimes months elapse before it attains any considerable bulk. It is frequently attended with no pain at all. The patient is hardly conscious of its existence. There is no constitutional disturbance of an appreciable character, unless there is co-existing disease in the lungs or elsewhere. Finally, the abscess breaks and discharges matter of a peculiar strumous nature. It is impossible for such an abscess to take place in a man of sound constitution.

The phlegmonous abscess is rapid in its course, attended with excessive pain of pulsatory character, great swelling, heat, and discoloration. There is frequently an enormous amount of suffering, both local and constitutional. It attains its height in a few days, five or six, or ten, at the furthest, and often contains an immense quantity of matter.

The treatment of an anal abscess is free open-

ing at as early a period as possible. A great amount of mischief will be done by such a collection of matter in a very short time, mischief which it will take nature months to repair.

The fistule which presents itself in this patient is a complete one. Anal fistules may also be incomplete, either externally or internally; but, on careful examination, the great majority of cases will be found to be complete.

The internal orifice is usually situated just within the anus, seldom more than from four to seven lines above its verge. Now and then it is higher up, to the distance of an inch or an inch and a half. There is seldom more than one internal opening. The external openings are sometimes numerous, as many as ten or fifteen having been observed.

The knife is the remedy for the cure of a fistule in this situation. Writers have spoken of cures effected by injections of solutions of nitrate of silver, sulphate of copper, and dilute tincture of iodine, but time and patience should not be wasted on the trial of these articles.

The best plan always is, after the system has been properly prepared, to operate by dividing the parts on a grooved director carried through the track of the fistule, trimming the edges carefully, scraping the sinus, and removing every portion of semi-organized matter. A delicate tent, three or four inches in length, and well oiled, should then be introduced, one extremity being inserted high up in the bowel. This should be retained for generally about three days. The parts are in the meantime kept clean, and afterward they are well washed every day. Sometimes a syringe is used for this purpose, but generally the patient can himself accomplish this object by sitting over a tub or a basin of tepid water. Granulations form, and the wound heals from the bottom. After the operation is over, the patient should take one-third or one-half a grain of morphia, for the purpose of locking up the bowels, and with this view the anodyne is repeated once or twice in the twenty-four hours. At the end of three or four days a mild laxative is given for the purpose of clearing out the contents of the bowel. As soon as cicatrization is accomplished, the patient is able to go about his business.

When the seton is used, the employment of which dates back to the time of HIPPOCRATES, the patient is able to walk about and follow his occupation during the operation. It acts very slowly, doing its work seldom under six weeks, during which time great cleanliness should be observed, and strict attention paid to the diet and secretions. It is preferable in such a case as the present.

Fatty Tumor.

Sarah B., twenty-six years of age. It has been four weeks since a swelling was first observed under and a little external to the right breast. It gives her no pain, but is a source of mental worryment. There is no discoloration of the integument. It is movable, and imparts a semi-elastic doughy sensation to the finger.

This is a fatty tumor, which has probably existed for several years, though but lately attract-

ing notice. Such a tumor is capable of attaining a very great bulk, and is liable to form in all parts of the body. It is developed in the subcutaneous cellular tissue, sometimes sending branches or ramifications among the muscles. These tumors never assume malignancy. Sometimes, when subjected to pressure by their situation, they become the seat of ulceration. Occasionally serous cysts are found in them, which is unusual. More frequently they contain calcareous or osseous deposits, or undergo fibrous or cartilaginous degeneration. Generally speaking, a tumor of this kind consists of nothing but fatty matter, such as exists naturally in different portions of the body. It is a hypertrophic state of pre-existing adipose tissue. It has a sort of capsule or envelope, composed of condensed cellular tissue, and this surrounds the lobules, and ultimately the minute cells of the adipose substance. Such tumors, though they are capable of attaining a very considerable bulk, are, strange to say, not vascular. They may be removed with the loss of but little blood.

An oblique incision was made, and the tumor removed by enucleation. It was lobulated and surrounded by a sort of capsule. The wound was closed with the interrupted wire suture.

Scrofulous Abscesses.

Joseph H., aged twenty-five. He has a tumor on the right buttocks, another on the thigh, some ten inches in length, and a swelling in the popliteal space of the right leg. There is no discoloration of the skin and no enlargement of the subcutaneous veins. The swelling on the thigh existed for about five months. He noticed first the one on the nates. He has lost twenty-five or thirty pounds. His father died of consumption. He has phthisis pulmonalis.

No connection could be traced between the abscesses, which probably contain scrofulous pus. On account of the pulmonary complication, surgical interference is not advisable. An operation would bring on hectic fever in forty-eight hours, and the disease of the lungs would advance much more rapidly than if nothing were done.

EDITORIAL DEPARTMENT.

Periscope.

The Origin of Dumb-Bell Crystals.

Dr. D. W. FLORA, of Chicago, Ill., publishes in the *Chicago Med. Examiner*, an interesting article on this subject. In a case of dyspepsia with oxaluria, Dr. F. was able to trace the formation and development of the dumb-bell crystals from stellate crystals composed of urates. Twenty-four hours after the first examination of a microscopic specimen, the stellate crystals showed a tendency to unite by solution or liquefaction of a portion of their discs. This is the first step in the formation of "dumb-bells," and it requires only a slight modification to complete the metamorphosis. By the pressure of fluids (for at this time

rapid deliquescence of the crystals is taking place) upon the outside of the now united discs, the rim is forced inward upon itself at the point of least resistance, to wit: at the point of junction of the two discs, the radii being already dissolved at their points of contact. The prisms which formed the radii of the circles are now set afloat, and arrange themselves parallel to each other and in the direction of the long diameter of the "dumb-bell."

When examined again, some six hours later, the same specimen presented the "dumb-bells" fully formed.

In regard to the ultimate composition of the dumb-bell, Prof. MAHLA, of Chicago, has long held that they are *not* oxalate of lime, and he is further inclined to refuse them a place among primary crystals. Dr. FLORA has never observed them in any other than acid urine, in which urates were undeniably present. If this theory is correct, they can never appear in *alkaline* urine, and this is verified in the case under observation. As soon as the urine became alkaline by the evolution of ammonia, (the octohedral crystals of oxalate of lime being still present) the "dumb-bells" disappeared altogether, and were replaced by a copious deposit of the triple phosphates.

The "circular or stellate" crystals, which Dr. F. regards as the originators of the "dumb-bells," are themselves *secondary* forms, the result of an arrangement of needle-shaped prisms around a common centre. From whence it follows that the famous "dumb bell," about whose composition there has been so much discussion, and such wide differences of opinion, is only an *accidental* and *tertiary* form, the result of *accident* merely!

Anomalies of Pregnancy. Two Successful Cases of Cæsarian Section

are reported in the *Medical Press and Circular*, (from *Siglo Medico and Brit. and For. Review*), the cases being of interest in other respects. They occurred in the practice of Dr. BAEZA.

In the *first* case, the patient, aged 38, had had three difficult labors, the children being all dead. In her fourth pregnancy, at term she suddenly felt pain, and the fœtus moving outside the uterus. Severe fever followed, and on the third day the placenta was discharged. The fever lasted thirty days, attended by great pain in the abdomen. At the end of this time a large quantity of foul pus flowed from the vagina. A foreign body was now seen projecting below the umbilicus. This swelling burst, the head of a fœtus was now seen in the opening. After a few days, the patient herself dragged a portion of the tumor out. An incision was made in the abdomen, and the entire skeleton of a fœtus was extracted. The cavity of the cyst was washed out with warm water. Patient recovered.

Second case. Woman, 42 years of age, had had seven children. September, 1863, again pregnant. Felt child at four months, but pregnancy continued for an unusual time. In May, 1864, when estimated at term, she felt a severe pain in the right leg, which spread to the loins and hips. These increased, and great prostration ensued. At this time, the cervix uteri was

felt as in the non-pregnant state; a little pure blood, however, issued from the vagina. At the end of July, renewed pain and offensive discharge from vagina. Pains remitted, and abdominal tumor diminished. January 10th, 1865, she came to hospital. There was then a hard tumor, size of seven months' pregnancy. Crepitation was felt in the highest point. General condition that of hectic fever. An abdominal section was made, 15th January. The bistoury struck upon a firm mass, which on section resembled the uterus. The fœtus was found in a cyst, macerated in a quantity of stinking matter, which was washed out by warm water. None of this fluid came out by cervix uteri. The cyst had several diverticula, one of which seemed to communicate with the uterus. The cyst gradually shrank, and the woman recovered.

A Case of probable Dislocation of the Testicle

Is related by Dr. J. W. THOMPSON, of Paducah, Ky., in the *Nashville Journal of Medicine and Surgery*. The patient, a cavalryman in the late Confederate army, complained of a painful enlargement in the left groin, which took place suddenly the day previous, in leaping a ditch. A few months later (in July, 1862), he was discharged from the service. Dr. T. saw him again in February, 1866, when the enlargement was found much the same as when first seen, four years previously. On more minute examination it was discovered that he had but one testicle in the scrotum, whereas there were two before the accident had occurred. Hence the conclusion that the tumor in the perineum must be the left testicle in *error loci*. Since then, especially after exertion, he has been subject to frequent attacks of nightmare, and severe tonic spasms, partaking somewhat of an epileptic character, accompanied by unconsciousness, but without rolling of the eyes or foaming at the mouth.

He has been advised to have the misplaced organ removed, and expresses himself willing to undergo the operation if the spasms return with the same violence as they have. Dr. T., in that case, promises a further report of the case.

Oil of Petroleum in Prurigo.

In the *Bulletin Générale de Thérapeutique* of July 15, 1865, Dr. BELLENCONTRE reports the successful treatment of several cases of prurigo by oil of petroleum after all other means had failed. The oil was used in combination with oil of sweet almonds and laudanum. He states that the petroleum appeared to him to succeed best in the prurigo attended with moderate itching (*prurigo mitis*); in the prurigo senilis, where there are also frequently pediculi on the skin, he has employed the remedy once only, but with complete success. The first application of this oil occasionally produces some redness of the skin, and an increase of the itching, but it must not, therefore, be discontinued; the application should then be made at more distant intervals, or the oil should be combined with oil of sweet almonds, or olive oil, and laudanum. The oil of petroleum should never be rubbed into the skin, as it might cause inflammation, and thus retard the cure; but it should be employed in the form of lotion ointment.—*Brit. and For. Med.-Chirurg. Review*.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, SEPTEMBER 1, 1866.

PROGRESS OF THE CHOLERA.

The epidemic which was noted in our last report as having made its appearance with considerable violence in CINCINNATI, has continued its ravages. The following is a list of deaths from August 1st to 21st, as nearly correct as can be obtained at the present time:

August 1,	2	August 12,	78
" 2,	7	" 13,	81
" 3,	21	" 14,	79
" 4,	20	" 15,	64
" 5,	23	" 16,	60
" 6,	34	" 17,	73
" 7,	33	" 18,	42
" 8,	45	" 19,	69
" 9,	34	" 20,	54
" 10,	56	" 21,	53
" 11,	82		

Total, 1010

From ST. LOUIS we have no full reports. The Board of Health of that city does not publish the statistics of the disease. Probably the health machinery of the city is not in sufficient working order for obtaining data in any way reliable. Those which have reached us, however, leave no doubt that the disease has raged in this city with even greater violence and fatality than in Cincinnati. See the following despatch:

"ST. LOUIS, Monday, Aug. 20, 1866.

"Reports from the different cemeteries in the city, for the week ending Friday, show 768 burials, of which 532 were from cholera.

"In addition to this, there were 127 interments made in the regular City Cemetery, of which 116 were from cholera.

"These returns do not include the deaths at quarantine, or those at the small-pox hospitals in the various wards.

"The Sanitary Committees are energetically at work, and the Board of Health reports that the disease is abating."

And the following (dated Aug. 19th):

"The cholera cases reported to the Board of Health from Friday noon to Saturday noon were 96, of which 35 were fatal. The mortality reports from the different cemeteries for the week ending Friday, puts the whole number of interments at 768, of which 532 were cholera cases. This does not include the deaths at the City Hospital, quarantine, and small-pox hospital. The burials in the City Cemetery, independent of those stated above, were 127, of which 116 were from cholera. This gives a total of deaths from cholera of 648, which is considerably more than 100 per cent. more than were reported to or by the Board of

Health, and shows how imperfect have been the arrangements of the Board for keeping the public accurately advised of the health of the city."

NEW ORLEANS. The disease has prevailed here with great fatality, though limited mainly to the quarters of the poor, and the negroes. The deaths from cholera have averaged daily between 30 and 40 during the last two weeks. According to last accounts it is on the decrease in the city, but extending with great severity to the plantations up the river. In other places along the main routes of western travel, cases have occurred.

In NEW YORK and BROOKLYN, the epidemic, although still present, we are glad to say, has not extended, thanks to the energetic measures adopted by the sanitary authorities in tracing up and removing all accidental causes in the infected localities, by which the disease might spread. Disinfection, and rigorous enforcement of cleansing in these districts, have undoubtedly done much to arrest a more fatal progress of the disease. During the week ending August 11th, the largest number of deaths from cholera occurred—258. During the succeeding week (ending August 18th), the number was reduced to 145, of which only 44 were in the city proper—101 having occurred in hospitals, and other public institutions. In Brooklyn, too, the disease is on the wane.

From NEWARK, N. J., three deaths from cholera are reported. They occurred in one of the most insalubrious parts of the city, where for years animal and vegetable refuse has been allowed to accumulate and rot. But so far there has been no spread.

GREAT BRITAIN. In London the epidemic has suddenly started, and progressed with alarming rapidity. From 14 fatal cases the first week, 32 the second, 346 the third, it reached 904 during the week ending July 28th. It is almost entirely limited to the eastern section of the city. The *Medical Press and Circular* of August 8th, says:

"We may now add, that at most of the large London Hospitals, cases continue to come, and at the London Hospital the epidemic is more alarming than even in 1849. On Thursday last there were 63 deaths in this hospital, 13 cases had recovered, and 74 remained under treatment. This makes up 150 cases, a number which has risen to above 200. Out of 124 cases admitted during the week, 67 had died on Saturday last, but many, although alive, were really dying."

The recent cases in Liverpool are reported as more serious than the earlier ones. Of 120 cases which occurred in Southampton, from July 7th to 20th, 66 were fatal.

The CONTINENT. The previously favorable reports from *Amiens* have again assumed a reverse character. The deaths here, according to last accounts, were again 30 to 35 per day. At *Dun-quirque* and *Rouen* there are many cases. In *Paris*, the authorities conceal, as far as possible, the state of affairs. The *Gazette Hebdomadaire de Med.* gives the following as the nearest approach to the number of deaths, at which they could arrive in the face of the indisposition of the authorities to permit inquiry:

July 19,	116	July 24,	94
" 20,	142	" 25,	90
" 21,	106	" 26,	86
" 22,	89		—
" 23,	92	Total,	815

A fraction over 100 deaths *per diem*. Other sources give an average daily mortality of between 150 to 200. At *Marseilles* the reports give 16 to 20 deaths *per diem*. At *Berlin* the total number of cases up to the 23d of July was 3504, of which 327 recovered, 1765 died, and 1412 remained under treatment. At *Stettin* no improvement.

Lastly, a "cablegram" from *Vienna*, dated August 21st, mentions the cholera as making sad ravages at *Brünn*, *Pesth*, and *Nikolsburg*, and among the wounded soldiers at *Vienna*.

MEDICAL EDUCATION.

To initiate a practical extension of the period of study, it would not be absolutely necessary to lengthen the time of pupillage, which, at present, is settled by law and custom to three years, desirable as a pupillage of four or five years—the minimum of European schools—would be.

What is needed more than anything else in our present system of medical education, is a *more equal distribution of studies* over the period of pupillage. All the real teaching of nominally three years is now crowded into two sessions of five or six months each, leaving at least *twenty months* of the whole period of study to so-called "office instruction" with a preceptor.

Whatever may be the advantages of this latter mode of instruction, and some it undoubtedly offers, they are not so great as to justify such a preponderance over the collegiate system. In many instances this study under a single preceptor, this "apprenticeship," is but a formality, submitted to to satisfy the demands of the law. In many cases the preceptor, however well-educated and sound a practitioner, has neither the facilities, nor the talent, nor the time to *teach*. "Reading medicine," and "reciting," what has been read, after schoolboy fashion, is one thing, and systematic profitable study another. In cities

which are the seat of medical schools, where a business is made of this mode of private office instruction, by competent men, and where the demonstrative method is more or less adopted, the study under a preceptor has some practical value; but it cannot be denied, that on the whole, by far too much of the period of study at present is devoted to this very doubtful method, while the collegiate courses are too short, and overcrowded with the variety of subjects taught.

One plan to relieve this state of things would be to retain the obligatory *two full courses* of lectures, but in addition to provide, that these full *two courses* must be attended during *three separate sessions*. Thus: During the first year of his study the student would only be allowed to attend the lectures on anatomy, chemistry, physiology, and, perhaps, *materia medica*. This would give him but three lectures a day to attend, and ample time would be left for the pursuits of *practical anatomy*, chemistry, and physiology. He could, instead of obtaining a "smattering" of every branch, as at present, make himself a thorough master of the *three fundamental branches* of medical science, and of the intermediate branch which connects science and practice. He would thus be prepared, for the second year, to hear, intelligently and with profit, the lectures on general and special pathology, surgery, and midwifery, studying up each subject from day to day, and seeking practical illustrations in the various hospitals, etc. The third course might be attended entire; it would be an excellent recapitulation, and the student's full previous acquaintance with the details of each branch would enable him to devote the time, which, under the present system, is spent in "grinding" and "cramming," to a course of faithful clinical study.

This change would involve, neither extra labor to the faculties of the schools, nor diminish their income, nor would it add additional expense to the student. But it would have the effect of adding five or six months to the time of demonstrative teaching in the schools, of diminishing the period of comparative idleness of the student during a considerable part of his pupillage, and of lessening the evils and dangers of over-crowded teaching. It seems to us the only change practicable, until the system of medical education in this country becomes thoroughly revolutionized, of which at present there are but slim indications. The change, too, could readily be brought about without interfering in the least with the present arrangements of teaching, and we have no doubt, would receive the endorsement of every faculty. Why not make it?

Meanwhile we would advise every student of medicine to adopt this plan for himself. He will find it better in the end, than if he crowds his attention upon lectures into two successive full courses, where it is impossible for him to study any of the branches of medicine in detail, and thoroughly, without neglect to the others.

Notes and Comments.

What constitutes an Infected Port?

This question has recently arisen in regard to the Port of New York, as will be seen from the following statement.

By order of Gen. GRANT'S Department, Commanders of Virginia, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana and Texas are required to quarantine, for 15 days, all vessels from ports infected by cholera, and vessels which have had cholera on board during the voyage to be quarantined for the same length of time after the last case of the disease. Gen. SICKLES therefore inquires whether New York, in the opinion of the Board of Health, is an infected port, to enable him to decide concerning what vessels shall be ordered into quarantine at Charleston. To the letter of Gen. SICKLES the Board has sent the following reply, written by Dr. ELISHA HARRIS, to whom the letter was referred by President SCHULTZ:

"SIR: In reference to the communications which you have this morning submitted from His Honor Mayor HOFFMAN, and from public authorities in cities of our Atlantic coast, making specific inquiries concerning cholera, and the need of guaranties against it from the port of New York, I would respectfully state:

"That the shipping and wharves of New York and Brooklyn, together with all buildings and districts in the immediate vicinity of the commercial wharves, remain entirely free from cholera.

"That scarcely a seaman has yet been attacked with cholera, and that the chief resorts of seamen are comparatively free from the malady.

"That the cholera in both our cities is now so limited to certain tenant districts, and is so closely watched and treated, as to render the port and the greater portion of both cities almost as secure from liability to convey the disease to other cities and ports as though it did not exist among us.

"These facts warrant the conclusion that no quarantine against cleanly ships from this port need be enforced at any port, except to such an extent as may be necessary for thorough medical inspection of every person on shipboard, and of the records and sanitary condition of the ship—a duty which any waterside town owes to its inhabitants, as regards vessels from any port in the United States at the present time.

"Referring to the question, 'Is New York an infected' port, in the quarantine sense, or in the

meaning of Gen. GRANT'S Order (General Order No. 15), dated March 12? I should unhesitatingly say that New York is not so infected."

Chicago Eye and Ear Infirmary.

This institution, during the year ending May 1, 1866, has had under treatment 516 patients. It is intended for the relief of the poor, and is supported by subscription. We notice that one of the medical staff of the hospital, who gives his services, worth probably thousands of dollars a year, was also one of the largest cash contributors in 1865 and 1866, toward the support of the institution. The Attending Surgeons are Drs. EDWARD L. HOLMES and EDWIN POWELL, Drs. J. W. FREER and D. BRAINARD being Consulting Surgeons. The Infirmary was opened in 1858.

The Social Evil.

In a recent issue, the *Tribune* discusses at length the history, extent, modes, and evils of prostitution in New York. In regard to the remedy, it says:

"It seems impossible that there should be any speedy remedy for the ancient and mighty evil of prostitution. The 'Homes' which have been instituted deal only with the upper branches, and leave the root to fasten itself even more strongly among the social strata through which it wreathes the loathsome tendrils of its flower. But as its influence can be greatly restricted and mitigated, it would seem that most good could be effected by judicious legal interference.

"The system in existence in Paris at the present day, and which was also in vogue in New Orleans before the war, has always been attended by some measure of success. Here a woman of the town, if physically competent, received a license, was subject to arrest if she pursued her trade without it, and relinquished it immediately upon contracting infectious disease. If this system was an evil in itself, it was certainly preferable to the promiscuous infamy which prevails in this metropolis and nearly all of our large cities. There is no woman without some feeling of delicacy, and one would think that if, in the determination to pursue a loathsome trade, she were compelled thus to make a public record of her intention before a magistrate, she would always hesitate, and not unfrequently experience a complete change of heart.

"There may be better systems for the mitigation of this gigantic evil, but every reflective humane man must be convinced that little good can be speedily effected without vigorous legislative enactment."

— Among the victims of cholera in Cincinnati is Dr. COLLINS, whose writings on the disease attracted attention some years ago.

Erratum. In Dr. McCLELLAN's article on the "Internal Use of Chloroform in the Treatment of Delirium Tremens," in the *REPORTER* for August 11, page 135, first column, line 23, for gtt. ix. read gtt. lx.

Correspondence.

DOMESTIC.

Hypodermic Injections in Extreme Irritability of Stomach.

EDITOR MEDICAL AND SURGICAL REPORTER:

In cholera, cholera morbus, or any case of extreme irritability of the stomach where medicines will not be retained, or in cases where the function of absorption by the stomach is suspended, we have still a most effectual method of acting on the system through the medium of the cellular tissue, from which absorption will readily take place, even in a state of partial collapse.

Having succeeded in a number of almost hopeless cases by means of the hypodermic injections, I cannot but think that the following case would be of interest in illustrating its mode of action.

July 29th, at 3, P. M., called to see Daniel L., who has been under treatment of a homœopath for three days, who informed the friends that it was a case of Asiatic cholera of the worst kind, and that he cannot possibly live. Under these circumstances their faith in the "infinitesimals" was somewhat shaken, and I was requested to take charge of the case.

I did not fail to point out the error they had committed.

I found the patient with cold extremities, the pulse not perceptible at the wrist, the features pinched, lips blue, hurried and oppressive breathing, extreme thirst, retching and vomiting incessantly.

Had mustard applied to the stomach and extremities; tried a number of remedies for the purpose of allaying the irritability of the stomach, and among the rest, drachm-doses of chloroform, in syrup, internally; everything was immediately rejected, seemingly without time to reach the stomach. In this state of the case, I introduced hypodermically one-fourth of a grain of sulphate of morphia, in solution, in the inner side of the right arm—in ten minutes he was in a quiet sleep, which lasted for four hours—stimulant injections and friction, with strong liniment, were used; the sinapisms were continued. Partial reaction took place, although there was still some irritability of the stomach. About an hour after waking up, the hypodermic injection was repeated with still better effect, as he slept quietly for fully half the night. At my visit in the morning I found reaction was perfect. With careful nursing, and the usual treatment for the prostration that followed, the patient went on

improving from this time, and in a few days was able to be about.

Wm. C. TODD, M. D.

*Manayunk, Phila., Aug. 20, 1866.***Spontaneous Origin of Cholera.**

EDITOR MEDICAL AND SURGICAL REPORTER:

I see in the REPORTER, vol. XV., page 124, Aug. 4, 1866, the following sentence, viz., "The occurrence of cholera in New York and the surrounding islands, during this season, when its full history shall have been written, will show conclusively and to absolute demonstration that the poison was carried and propagated by the patients, and that its first starting-point in every case was intercourse with persons who had come from the cholera-infected vessels which arrived in the port."

I do not deny the portability of cholera, nor do I deny that cholera is contagious, but I believe that cases of cholera have occurred in this country which could not be traced to any source of contagion.

In Feb. 1832, I saw a child, about eleven years old, who, on the evening of the 21st of that month, ate a raw turnip and two very tough apples, as her mother informed me, and when I visited her, the following morning, she was in collapse, and exhibited all the distinctive signs and symptoms of Asiatic cholera. Her vomiting and diarrhœa were such as I have often witnessed since in cases which experienced and competent physicians have pronounced cholera Asiatica. Her hands and forearms were cyanosed quite as deeply or distinctly as any I have seen in the cholera hospitals in New York or elsewhere; her skin was cold, wet, and shriveled.

Reaction followed the collapse, and congestion put an end to her sufferings and her life on the following day.

I do not report this as the first case of the kind that was seen in America, nor do I expect you or others to concur with me in the belief that this case was of the nature of true Asiatic cholera.

But my own experience and observation, together with information derived from other physicians, have convinced me that sporadic cases of cholera make their appearance among us before any cholera-infected vessels arrive in our ports, and that no quarantine regulations, however wise and rigidly enforced, can prevent the occurrence of such cases.

P. MOULTON, M. D.

New Rochelle, N. Y., Aug. 16, 1866.

News and Miscellany.

Royal Humane Society's Instructions. — Directions for Restoring the Apparently Dead.

From *Braithwaite's Retrospect* of January, 1866.

Rule 1. To Maintain a Free Entrance of Air into the Windpipe.—Cleanse the mouth and nostrils; open the mouth; draw forward the patient's tongue, and keep it forward; an elastic band over the tongue and under the chin will answer this purpose. Remove all tight clothing from about the neck and chest.

Rule 2. To Adjust the Patient's Position.—Place the patient on his back on a flat surface, inclined a little from his feet upward; raise and support the head and shoulders on a small firm cushion or folded article of dress, placed under the shoulder-blades.

Rule 3. To Imitate the Movements of Breathing.—Grasp the patient's arms just above the elbows, and draw the arms gently and steadily upward, until they meet above the head, (this is for the purpose of drawing air into the lungs,) and keep the arms in that position for two seconds. Then turn down the patient's arms, and press them gently and firmly against the sides of the chest. (This is with the object of pressing air out of the lungs. Pressure on the breast-bone will aid this.)

Rule 4. To excite Inspiration.—During the employment of the above method, excite the nostrils with snuff or smelling salts, or tickle the throat with a feather. Rub the chest and face briskly, and dash cold and hot water alternately on them.

Treatment after Natural Breathing has been Restored.

Rule 5.—1. To induce Circulation and Warmth. Wrap the patient in dry blankets, and commence rubbing the limbs upward, firmly and energetically. The friction must be continued under the blankets or over the dry clothing. Promote the warmth of the body by the application of hot flannels, bottles or bladders of hot water, heated bricks, etc., to the pit of the stomach, the arm-pits, between the thighs, and to the soles of the feet. Warm clothing may generally be obtained from bystanders. On the restoration of life, when the power of swallowing has returned, a teaspoonful of warm water, small quantities of wine, warm brandy and water, or coffee, should be given. The patient should be kept in bed, and a disposition to sleep encouraged. During reaction, large mustard plasters to the chest and below the shoulders will greatly relieve the distressed breathing.

2. If from Intense Cold.—Rub the body with some ice or cold water. Restore warmth by slow degrees. In these accidents, it is highly dangerous to apply heat too early.

3. If from Intoxication.—Lay the individual on his side on a bed, with his head raised. The patient should be induced to vomit. Stimulants should be avoided.

4. If from Apoplexy or Sun-stroke.—Cold should be applied to the head, which should be

kept well raised. Tight clothing should be removed from the neck and chest.

These instructions are closed with the following description of the appearances which generally indicate death, "There is no breathing or heart action; the jaws clinched; the fingers semi-contracted; the tongue appearing between the teeth, and the mouth and nostrils are covered with a frothy mucus; coldness and pallor of surface increases."—*Southern Journal of Medical Sciences.*

Effect of Rain on Health.

Cold wet summers have always been accompanied by low death-rates. The following figures will be interesting in support of these facts:

	Rainfall of each year in inches at Greenwich Observatory.	Annual rate of mortality in England and Wales, to 1000 persons living.
1854	18.7	23.5
1855	21.1	22.6
1856	22.2	20.5
1857	21.4	21.8
1858	17.8	23.1
1859	25.9	22.4
1860	32.0	21.2
1861	20.8	21.6
1862	20.2	21.5
1863	20.0	23.1
1864	16.7	23.9
1865	29.0	23.4

Thus the highest death-rate of the twelve years, 23.9, occurred with the smallest rainfall of 16.7 inches, in 1864; and the lowest rate, 21.2, with the heaviest rainfall, of 32 inches, in 1860. This may doubtless be accounted for in many ways, and principally by the cleansing influence of the rain, during the summer, upon the impurities of towns, which, in dry weather, prove so noxious in crowded populations; but it is also very possible that the greater humidity of the air, induced by the rain, may be useful to all persons suffering from affections of the lungs.—*Builder.*

United States Vessels to be Quarantined at Havana.

Mayor HOFFMAN received a letter from THOMAS SAVAGE, Acting Consul-General at Havana, written under date of August 11th, which reads thus:

"The Governor-General of the Island, under date of yesterday, advised me that, having official information of the existence of Asiatic cholera in various places of the United States, he has declared all ports in the United States to be 'foul,' and vessels arriving from them at ports of this Island, will be subjected to the most rigorous quarantine. This determination has been taken after the arrival of the steamship 'Hendrick Hudson' from Philadelphia in five days. She was ordered into observation for five days. Vessels ordered here into regular quarantine will have to ride it at Mariel, an outpost some forty-five miles westward of Havana, where preparations are being made for the reception and care of sick passengers,

"The state of the public health here has undergone no change since the date of my last communication. Please to cause the contents of this dispatch to be published for general information."

Disinfection and Deodorization.

Dr. HERBERT BARKER, the successful competitor for the Hastings Prize Essay for 1865, was led, by a series of observations and experiments on this subject, to the following conclusions:

1. For the sick-room, free ventilation, when it can be secured, together with an even temperature, is all that can be required.
2. For rapid deodorization and disinfection, chlorine is the most effective known.
3. For steady and continuous effect, ozone is the best agent known.
4. In the absence of ozone, iodine, exposed in the solid form to the air, is the best.
5. For the deodorization and disinfection of fluid and semi-fluid substances, undergoing decomposition, iodine is best.
6. For the deodorization and disinfection of solid bodies that cannot be destroyed, a mixture of powdered chloride of zinc, or powdered sulphate of zinc with saw-dust, is best. After this a mixture of carbolic acid and saw-dust ranks next in order, and following on that, wood-ashes.
7. For the deodorization and disinfection of infected articles of clothing, etc., exposure to heat at 212° Fahr. is the only true method.
8. For the deodorization and disinfection of substances that may be destroyed, heat to destruction is the true method.—*Journal of Chemistry.*

Cholera Mist.

Mr. GLAISHER, the aeronaut and astronomer, has drawn attention, in a letter to *The Times*, to a peculiar condition of the atmosphere, which he calls the "*Cholera Mist*," observable at Greenwich. It was noticed at the time of the last outbreak of the pestilence, in 1854—a thin, transparent, bluish haze—and is now visible in many different parts of the country. The most extraordinary fact in connection with it is that it remains stationary, being unaffected by the high winds that have, of late, prevailed. There is something very ghastly in the idea of this atmospheric shroud—of the orthodox cholera color, too! Its identity with the pestilence has been confirmed by the publication of a paragraph by Dr. COOPER, principal medical officer of the Great Western Railway Company, who asserts that a similar mist prevailed at Varna during the Crimean war, and in the West Indies in 1854—both cholera periods. With such a clue, the cause of the pestilence ought to be discoverable.

Pension Examining Surgeons.

Maryland—Drs. WM. H. LEE, Hagerstown;
WM. H. BALTZELL, Frederick.
Illinois—Dr. JOHN POINDEXTER, Harrisburgh.

—Prof. JOSEPH JONES, M. D., of Augusta, Ga., has accepted the chair of Pathology in the medical department of the University of Nashville.

—The mortality returns of England for 1864, show that in that year 28 of the men who died and 70 of the women had reached one hundred years of age or upward, one woman dying at 108, and one man at 109. Of these 98 very aged people, London had 12.

—CHOLERA STATISTICS OF NEW YORK.—From the 20th of July to the 20th of August, inclusive, 33 patients were treated in the Red House Hospital, of whom 19 died, 9 were discharged, while 5 remained at the latter date. This shows a mortality of 57.8 per centum, nearly. In the Battery Barracks Hospital, from July 26 to August 18, inclusive, 96 patients were treated, of whom 58 died, and 27 were discharged, leaving 11 under treatment at the date of last report. This gives a mortality of little more than 60.5 per centum.

—THE STEAMSHIP BAVARIA arrived lately at New York from Hamburg, with several cases of cholera on board. The usual process of cleansing and fumigation was instituted by the authorities, and quarantine ordered.

—ADULTERATION OF ARROW-ROOT may be detected, according to M. ALBERS, by adding to one part of the arrow-root three parts of a test liquid, which consists of two parts of hydrochloric acid, of 1.120 density, and one part of water. The mixture is shaken, at the ordinary temperature, for about three minutes. If the arrow-root be pure, it will undergo no alteration, but if it contain potato-starch, this will be converted into a gelatinous substance.

—The *Nashville Journal* is responsible for the following egg-story: "A case is reported in which a lady is said to have worn an egg for a pessary, instead of the shell, forgetting that some places are as good as others for hatching. Complaining of acute pain, her physician, on examination, detected the bill of a chick in the vagina. At the grave consultation which ensued among the doctors, the question arose, whether the husband was really *henpecked*, or only ran the risk of catching the *pip*."

Army and Navy News.

NAVY.

List of changes, etc., in the Medical Corps of the U. S. Navy, for the week ending August 25th, 1866.

Surgeon Samuel Jackson, detached from Navy Yard, Boston, and ordered to the U. S. Ship Pensacola.

Surgeon William Johnson, detached from duty as member of Naval Retiring Board, Philadelphia, and ordered to Navy Yard, Boston.

Surgeon W. S. W. Ruschenberger, detailed for duty as member of Naval Retiring Board.

Surgeon R. C. Dean, to be detached from duty at the Naval Academy, Annapolis, on September 3d, and await orders.

Surgeon David Harlan, ordered to report on the 3d of September, for duty at Naval Academy Annapolis, Maryland.

Acting Assistant-Surgeon Linneus Tussell, detached from U. S. Ship Massachusetts, and placed on waiting orders.

MARRIED.

BRITTAİN—CARTER.—On Friday, August 10th, 1866, by P. H. Skaggs, Esq., at the residence of the bride's father, Dr. J. M. Brittain, of Buncombe county, N. C., and Miss Mattie E., daughter of Wm. H. Carter, of Knox county, Tenn.

BUCKNER—BRACE.—On August 3d, 1866, by Rev. Richard Gray, Dr. J. Horace Buckner, of Covington, Ky., and Miss Mattie A. Brace, of Charleston, Va.

DIED.

FLYNN.—In this city, August 24th, Dr. John Flynn.

LINDSLEY.—August 8th, in Washington, D. C., Brevet Major Webster Lindsley, M. D., U. S. A.

TIBBETS.—On Sunday, August 12th, at the residence of his son-in-law, Elias Dolon, Clermont county, Ohio, Dr. Samuel Tibbets, a former resident of Cincinnati, in the 91st year of his age.

TUCKER.—In Stoughton, Mass., August 15th, Mary Manley Tucker, only daughter of Dr. Simeon Tucker, in the 24th year of her age.

WELLS.—In this city, August 24th, William R. Wells, infant son of Dr. J. R., and Massie A. Wells, aged 6 weeks.

WILSON.—In this city, on Monday, August 20th, 1866, Knight Uhler, son of Dr. J. F. and Rachel E. Wilson.

ANSWERS TO CORRESPONDENTS.

Dr. B. McC. Dubuque, Iowa.—Surgeons of New York, sent by mail, August 23d.

Dr. C. H. Wooster, Ohio.—History of Am. Med. Association, and Microcosm, sent by mail, August 23d.

Dr. M. H. R., Danville, Ind.—Chapman on Spinal Ice-bag in Cholera, sent by mail, August 23d.

Dr. J. F. J., Perryville, Ohio.—Barker on Nitrous Oxid., sent by mail, August 23d.

Dr. J. K. B., Fairmount, West Va.—Dixon on the Eye, sent by mail, August 23d.

Dr. S. L. McK., Viola, Ill.—Half-dozen Hodge's Pessaries, sent by mail, August 9th.

METEOROLOGY.

August,	13,	14,	15,	16,	17,	18,	19.
Wind.....	N. E. Cl'dy.	E. Cl'dy.	N. E. Cl'dy.	N. W. Clear.	N. W. Clear.	W. Clear.	S. W. Cl'dy. Shw'r.
Weather.....	Rain.	Rain.	Rain.				
Depth Rain.....	6-10		7-10				7-10
Thermometer.							
Minimum.....	59°	61°	63°	52°	50°	54°	58°
At 8 A. M.....	64	68	70	62	60	66	72
At 12 M.....	68	77	78	69	70	79	75
At 3 P. M.....	69	78	77	68	70	81	74
Mean.....	65.	71.	72.	62.75	62.50	70.	69.75
Barometer.							
At 12 M.....	30.	30.	30.	30.1	30.1	30.	29.9

Germanstown, Pa.

B. J. LEEDOM.

PHILADELPHIA SCHOOL OF ANATOMY.

College Avenue, East from Tenth St.

The Dissecting Room in this Institution, will open on September 1st, 1866. Lectures will be given during September.

The Regular Winter Course of Lectures on Special, Practical and Surgical Anatomy will begin on the 10th of October, 1866, and continue until March 1st, 1867.

Three Lectures and two examinations will be given each week, at 7 o'clock, P. M.

Fee for the Course, the same as that for Dissections and Lectures thereon in the Colleges.

R. STANSBURY SUTTON, M. D., Lecturer.

Office, 314 South 10th Street.

Janitor, JOHN CAMPBELL.

492—3m.

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HORACE WILLIAMS, M. D.

The Summer School of Medicine will begin its second term on March 1st, 1866, and students may enjoy its privileges without cessation until October.

The regular Course of Examinations and Lectures will be given during April, May, June, and September, upon

ANATOMY,

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The subjects will be studied by the aid of Specimens, Manikins, Demonstrations, and Clinical Examinations of Patients.

Students will be given access to the Pennsylvania, Episcopal, and Children's Hospitals. The employment of the Microscope, and the microscopic appearance of the tissues and fluids in health and disease, with the chemical tests and reactions, will also be taught.

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A Course of Lectures on SURGICAL DIAGNOSIS will be delivered by Dr. H. LENOX HODGE, during April, May, June, and September, at the Summer School of Medicine, No. 920 Chestnut Street, Philadelphia.

The history, causes, symptoms, and pathology of Surgical Diseases and Injuries will be carefully studied, and the means of recognizing and treating such disorders distinctly taught.

Instruction will be given in the use of the Microscope, Ophthalmoscope, Otoscope, Laryngoscope, Endoscope, and other specula; in Percussion and Auscultation, and other means now employed for physical examination.

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OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, and in Practical Obstetrics. They will be enabled to examine persons with diseases of the Heart and Lungs, and to attend women in confinement. The class rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Textbooks, etc., will be constantly open for study.

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